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EFS ID:

12426

Application ID:

09682565

Title of Invention:

Method For Simplifying The

Casting of Ophthalmic Lenses

First Named Inventor:

Thomas Gross

Domestic/Foreign Application:

Domestic Application

Filing Date:

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Effective Receipt Date:

2001-09-20

Submission Type:

Utility Patent Filing

Filing Type:

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Confirmation Number:

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Attorney Docket Number:

1291.01

Digital Certificate Holder:

cn=Anton John Hopen, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

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Total Fees Authorized:

\$355.0

Payment Category:

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33760

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

1291.01

Method For Simplifying The Casting of Ophthalmic Lenses

First Named Inventor: Thomas M. Gross

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I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal

fee-transmittal

specification

declaration

declaration

1291aapds.xml

1291afee.xml

Spec.xml

Dec01.tif

Dec02.tif

Attached Image File(s):

Dec01.tif

Dec02.tif

Comments:

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

· This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original co-inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Method For Simplifying The Casting of Ophthalmic Lenses

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Anton J. Hopen Ronald E. Smith Matthew G. McKinney Registration Number 41,849 Registration Number 28,761 Registration Number 46,920

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

(Declaration and Power of Attorney—page 1 of 2)

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Inventor's signature

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2001

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(Declaration and Power of Attorney—page 2 of 2)

FEE TRANSMITTAL

Electronic Version 1.0.4 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$355

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

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Expiration Date:

The state of the s

113

 20020531

Authorized Name:

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Billing Address:

33760

BASIC FILING FEE

Fee Description	Fee Code	le Fee Paid	
Utility Filing Fee	201	\$ 355	

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 4	203	\$ 9	0	\$ 0
Independent Claims: 3	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0